

DOCUMENT INVENTORY FORM - ETS

Name: _____

TEAM

~~Department:~~ AT

Office Location: _____

Tel. Extension: _____

Please provide estimates of ETS related records in each of the following:

Subject/Category	Record Type	Quantity	Location	FORM OF STORAGE Medium	Time Period
_____	DIRECTORIES	1x 4x	ROOM 212 216	BIN	
	DOCUMENTATION	3x	212	BIN	
	PIYF	-	-		
	PROTOCOLS	4x	101	BIN BOO	
	RAW DATA				
	REPORTS	5x	101	BIN BOO	

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